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RULE				

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** CONTINUING DATA *****

This application is a DIV of 09/610,651 06/30/2000 PAT 6,693,077 which claims benefit of 60/205,417 05/19/2000
 and claims benefit of 60/198,322 04/19/2000
 and claims benefit of 60/171,677 12/22/1999
 and claims benefit of 60/163,375 11/03/1999
 and claims benefit of 60/149,935 08/19/1999
 and claims benefit of 60/148,628 08/12/1999
 and claims benefit of 60/144,024 07/15/1999
 and claims benefit of 60/143,648 07/14/1999
 and claims benefit of 60/142,343 07/02/1999
 and is a CIP of 09/345,373 07/01/1999 PAT 6,903,072
 which is a CON of 09/023,082 02/13/1998 PAT 6,077,692
 which is a CIP of 08/862,432 05/23/1997 ABN
 which is a DIV of 08/461,195 06/05/1995 ABN
 which is a CIP of PCT/US95/01790 02/14/1995
 and said 09/023,082 02/13/1998
 claims benefit of 60/039,045 02/28/1997
 and claims benefit of 60/055,561 08/13/1997
 and is a CIP of 08/910,875 08/13/1997 ABN
 which claims benefit of 60/023,852 08/13/1996
 and said 09/610,651 06/30/2000
 is a CIP of 08/696,135 08/13/1996 ABN
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** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/26/2004

Foreign Priority claimed

☐ yes ☒ no

STATE OR

SHEETS

TOTAL

INDEPENDENT

35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>C. Saoud</u> Examiner's Signature Initials		COUNTRY MD	DRAWING 64	CLAIMS 12	CLAIMS 5
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TITLE Keratinocyte growth factor-2					
FILING FEE RECEIVED 1092	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		